

L21 0000 20366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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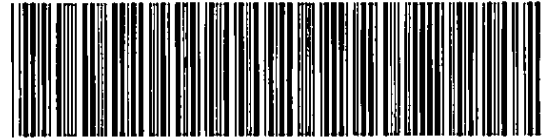
(Business Entity Name)

(Document Number)

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S. J. J. J.

MAR 18 2021

Statement
of
Correction

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BY GRACE LOGISTICS, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDREE C SALOMON

Name of Person

BY GRACE LOGISTICS, LLC

Firm/Company

P.O. BOX 611891

Address

NORTH MIAMI, FLORIDA 33261

City/State and Zip Code

BYGRACELOGISTICS726@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREE C SALOMON

786

440-1974

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: BY GRACE LOGISTICS, LLC

SECOND: The Florida Document number of the limited liability company is: 1.21000020366

THIRD: Document to be corrected is: 1.21000020366 Articles of Organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

****PLEASE CORRECT NAME OF MGR. TO NEWSON CHARLES--(NO MIDDLE INITIAL)---REMOVE L**

****PLEASE ALSO CHANGE TITLE FOR NEWSON CHARLES TO READ: PRESIDENT and**

****PLEASE CHANGE TITLE FOR ANDREE C SALOMON TO READ: VICE-PRESIDENT**

OR

- ☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☒ The electronic transmission of the record was defective.

Signature of Authorized Representative Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

2021 FEB -1 AM 10:11

Detail by Entity Name

Florida Limited Liability Company
BY GRACE LOGISTICS, LLC.

Filing Information

Document Number L21000020366
FEI/EIN Number NONE
Date Filed 01/07/2021
State FL
Status ACTIVE

Principal Address

5914 NE 2ND. AVENUE
MIAMI, FL 33137

Mailing Address

P.O. BOX 611891
NORTH MIAMI, FL 33261

Registered Agent Name & Address

SALOMON, ANDREE C
5914 NE 2ND. AVENUE
MIAMI, FL 33137

Authorized Person(s) Detail

Name & Address

Title ~~MGR~~ *Prac*

CHARLES, NEWSON *Remove*
5914 NE 2ND. AVENUE
MIAMI, FL 33137

Title ~~AMBR~~ *Vica Prac*

SALOMON, ANDREE C
5914 NE 2ND. AVENUE
NORTH MIAMI, FL 33261

Annual Reports

No Annual Reports Filed

Document Images

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